

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2910

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <i>Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>ST. LOUIS</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>41/60</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Faith Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>NR 2149 Rosebud ave</i>			
3. NAME OF DECEASED (Type or Print) <i>Grace MARIE</i>		a. (First)		b. (Middle)		c. (Last) <i>Porzynski</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>June 1 - 1912</i>	
9. AGE (In years last birthday) <i>37</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Garrett Burke</i>		13b. MOTHER'S MAIDEN NAME <i>Angela La Cour</i>		14. NAME OF HUSBAND OR WIFE <i>Frank Porzynski</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frank Porzynski 2149 Rosebud</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarct</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Pneumonia</i> DUE TO (c) <i>Pulmonary Emphysema</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>7 days</i> <i>7 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>11.3</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5241</i>			
22. I hereby certify that I attended the deceased from <i>Dec 31, 1949</i> , to <i>Jan 1, 1950</i> , that I last saw the deceased alive on <i>Jan 1, 1950</i> , and that death occurred at <i>1:53 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>S. J. Czapciak M.D.</i>		23b. ADDRESS <i>1901 Madison St</i>		23c. DATE SIGNED <i>1-3-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>5</i>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
DATE REC'D BY LOCAL <i>JAN 3 1950</i>		REGISTRAR'S SIGNATURE <i>B. B. B.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Central Funeral Home 1841 Coast ave</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Elmer R. Sandwick

Licensed Embalmer No. *4077*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.